DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR MENTAL HEALTH SERVICES
CENTER FOR SUBSTANCE ABUSE PREVENTION
CENTER FOR SUBSTANCE ABUSE TREATMENT

National-Community Collaborative Involvement in Reducing Racial and Ethnic Mental Health and/or Substance Abuse Service Disparities Cooperative Agreement

SHORT TITLE: Community Disparities

Guidance for Applicants (GFA) No. SP-00-007
Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Prevention, Center for Substance Abuse Treatment and the Center for Mental Health Services will accept applications in response to this Guidance for Applicants for the receipt date of August 29, 2000

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Part I - PROGRAMMATIC GUIDANCE
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Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Guidance for Applicants (GFA) Documents" (October 1999 edition) must be used in conjunction with this document, Part I, "Programmatic Guidance."

Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds for a knowledge development and application (KD&A) cooperative agreements to capitalize on the collaborative strengths of racial/ethnic minority communities to address disparities in access to substance abuse prevention, treatment and mental health services they may experience. This mental health and/or substance abuse prevention or treatment initiative is intended to achieve this goal by employing existing national and/or regional organizations and their collaborating affiliates to increase awareness, to develop/adapt programs, and/or to evaluate current models for specific minority populations with particular disparate issues. The involvement of national and/or regional organizations (whose existing infrastructure and experience gives them both the management experience and target population base needed) will assure the applicant is well known to, and respected by, its respective constituency(s) and will facilitate access to these racial/ethnic minority communities through either their local community-based affiliates or otherwise non-affiliated local organizations willing to quickly join in collaboration in order to ensure culturally competent, effective and timely strategies to reduce service disparities. The primary applicant is expected to have appropriate, locally based, collaborative agreements for the purpose of this GFA. In order to avoid confusion, this GFA adopts the term "collaboratives" to indicate the community level involved groups who have entered into contractual relationships for the purpose of performing under cooperative agreements awarded under this GFA. This GFA is testing the hypothesis that such a collaboration of racial/ethnic minority interest of broad national/regional scale coupled with local community groups which target the same populations will bring new insights to the behavioral health care issues of mental health and substance abuse with the collateral benefit of providing needed additional access to services.

The national or regional applicant and collaboratives must provide collective information that will evidence a reduced mental health and/or substance abuse disparity. The cooperative agreement mechanism is being used because the complexity of the program requires substantive involvement of Federal staff to monitor the implementation of the activities and the analysis of results.

This program, solicits applications for **National-Community Collaborative Involvement in Reducing Racial and Ethnic Mental Health and/or Substance Abuse Services Disparities** for one or more of the following three specific purposes:

1. Provide education/outreach to increase awareness and knowledge about prevention and treatment strategies, services and/or programs, including the reduction of stigma associated with substance abuse and mental health problems and services.

2. Promote community-based development/adaptation and adoption of mental health or substance abuse prevention or treatment programs for racial/ethnic minority communities, which foster attitude, beliefs, perception and behavior changes to: (a) reduce risk behaviors and related consequences; (b) improve utilization and access to mental health and substance abuse services; and/or (c) increase healthy behaviors and protective factors among community residents.

3. Evaluate current racial/ethnic minority community-based mental health and substance abuse prevention or treatment models to validate their effectiveness.

Target Population

Alaska Native, African American, Asian American, Hispanic/Latino, American Indian, and/or Native Hawaiians & Pacific Islanders

Eligibility

Given the purpose and the identified populations stated above, of testing the benefits of national/regional collaboration with community-based organizations, applications may only be submitted by national or regional domestic nonprofit organizations which can demonstrate collaborative relationships with community-based organizations that are based in racial/ethnic minority communities which are capable of achieving the program design/approach and prepared to enter into contractual agreements for the purpose of this GFA with the national/regional organization. Applicants and collaboratives must be culturally competent to address the specialized needs of one of the target population groups identified above. Staff, managers and board qualifications must demonstrate sufficient cultural competence to serve the target population. Example of suitable collaboratives may include local affiliates, chapters, community-based organizations, faith-based groups, and Indian tribes or tribal organizations, etc. Awardees will be selected on their demonstrated capacity and efficiency in reaching racial/ethnic minority communities and their ability to address the prevention or treatment of mental health problems, alcohol misuse or other drug use, as well as associated social, emotional, behavioral, cognitive and physical problems of the target population's adults, adolescents and children. All collaboratives must meet all licensing or other requirements of applicable State and local law.

Availability of Funds

Approximately, $1.6 million will be available to support about 4-5 awards under this GFA in FY 2000. The average award is expected to range from $200,000 to $400,000 in total costs (direct+indirect).
The awardee will only be entitled to actual cost or 20% whichever is less for administering subawards and providing program management. The applicant must collaborate with at least 4 subawards to local organizations. Actual funding levels will depend upon the availability of appropriated funds.

The award decision criteria will achieve overall program balance in terms of geography (including rural/urban areas) racial/ethnic minority group representation, and priority issues.

Period of Support

Support may be requested for a period of up to 3 years. Annual awards will be made subject to continued availability of funds and progress achieved.

Section II - SAMHSA PROGRAM DESCRIPTION

Background Information

Introduction

Racial/ethnic minority communities continue to experience disparities in the availability of and access to mental health and substance abuse services, despite the nationwide increase in the provision of these services and the development of prevention and treatment models. Moreover, substance abuse prevention, addiction treatment and mental health services cannot be effective unless they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. To achieve this end, programs must be built from, and tailored to, local communities. National organizations, working with their local chapters, are in an excellent position to accomplish this objective.

In the mental health area, there continue to be extraordinary community stigmas associated with mental illness. Similarly, in the substance abuse area, the stigma associated with alcohol misuse and drug use creates unique situations where whole families are in denial because a mother, father or son/daughter has become an user, abuser or addict. Meaningful change may come about through a systematic campaign to redefine community beliefs, behaviors and attitudes about these issues through education, outreach and information dissemination, as well as evidence-based model development. National organizations that have a demonstrated capacity to reach specific racial/ethnic minorities, under-served populations may provide a conduit into these communities through which more information about the importance of drug and alcohol dependence and mental health issues can become known.

Risk factors contribute to the disparities that occur in the utilization of and access to mental health and substance abuse prevention and treatment services. Factors include demographic characteristics such as age, gender and race/ethnicity, and environmental conditions such as discrimination, institutional biases and stereotypes, lack of access to health care, legal and protocol issues, poverty, and geographic location. Although many risk factors and reasons for disparities are known, it is difficult to determine the relative contribution of each factor specific to gender, age and race/ethnicity. However, all too frequently knowledge of the availability of mental health and substance abuse prevention and treatment services is not widely disseminated within many racial and ethnic communities. It is also known that, for a variety of reasons, many individuals from racial/ethnic minority communities wait too long to seek health care services.

The existing mental health and substance abuse treatment system is not well equipped to meet the needs of racial and ethnic minority populations. Prevention and intervention models are needed which will provide information currently lacking that is specific to racial/ethnic minority subgroups. Such information would help determine the gap that exists between the need for and the availability of services for these groups. More studies are needed to obtain information on the relative contributions of risk factors, on how to increase knowledge about substance abuse and mental health issues, and on how to reduce stigma and improve access to services. Communities can contribute in securing data, discovering

knowledge and developing evidence-based models relative to their populations.

Disparity Issues:

The following issues, although not inclusive, are examples of those intended to be covered by this GFA.

Youth and Adolescents (6-20 yrs) -- Alcohol and Violence

Homicide and suicide, both preventable, rank as the third and fifth leading causes of death for youth. Between 1984 and 1994, while the homicide rate for most other age groups fell, the homicide rate for adolescents doubled, and nonfatal violent crimes committed by adolescents increased nearly 20 percent.

Along with alcohol and illicit drug use, boys have also historically been more likely than girls to engage in visible negative behaviors related to substance use, including drinking and driving, violent and criminal behaviors, and gang involvement. However, girls are becoming increasingly involved in the juvenile justice system, and physical violence appears to be increasing among Hispanic girls. Youth violence is a growing problem among Asian American and Pacific Islanders as well. For example, New York and Seattle have experienced a disproportionate increase in Asian youths arrested for major criminal activities compared to the population growth.

Attention should be directed to youth who have inadequate parental supervision, experience severe economic and educational disadvantage, have language difficulties, are forced to attend classes with younger students, have high pressures related to social and cultural adjustment, and are viewed with disdain by American born or more acculturated members of their own group. Consequently, a community approach may be an effective strategy in reducing violence and substance use, changing social norms, and increasing coping skills.

Female Youth and Adolescents (6 - 18 yrs) -- Suicide, Depression and Substance Abuse

Young women have increased their use of alcohol and illicit drugs dramatically over the past several decades, and the traditional “gender gap” in substance use has all but disappeared, especially among younger cohorts. Although the national incidence of teen pregnancy has declined in recent years, teen pregnancy rates remain highest among Hispanic girls. In addition to pregnancy, unprotected sex poses significant health threats such as exposure to sexually transmitted diseases, including HIV/AIDS.

Native-American females have a much higher rate of alcohol use than females from other ethnic groups, and death rates from alcohol and other substance use among Native-American young women ages 15 to 24 exceed those of their male counterparts. Studies also show that Hispanic and Native American female adolescents have a high prevalence of depression and suicide. The reasons are not well-understood, as gender and ethnicity have been left out of many studies of substance use. More studies are needed on the cause of these trends, risk factors that may specifically place girls at risk, and approaches for intervention to address these factors.

Young Adults (18 - 25 yrs) -- Binge Drinking and Related Consequences (Community-Approach)

Binge drinking behavior occurs in all settings, including junior college, university, community activities or workplace. Although males still consume more alcohol, the rates of binge drinking among females have recently increased substantially, and studies of college women indicate that females have been drinking more frequently and in greater quantities since the late 1970's. Hispanics and Native Americans exhibit higher levels of binge drinking, while African Americans and Asians have less. Alcohol use may increase the risk of unwanted sex and unprotected sex, and therefore the risk of having an unplanned pregnancy or becoming infected by sexually-transmitted diseases, including HIV/AIDS. In addition, alcohol abuse is associated with accidental death, suicide, injuries from falls, and impaired driving crashes. However, few community-based programs focus on the reduction of binge drinking or address community concerns related to the consequences of alcohol and violence. Consequently, there is a need for more definitive data regarding the characteristics of binge drinking among racial/ethnic minority young adults.

Adult Women (21 - 60 yrs) -- Stigma Reduction and Substance Abuse, Alcohol and Mental Health Screening and Management

Women in racial/ethnic minority groups demonstrate a greater incidence of substance and alcohol abuse in the 18-34 age bracket than women in other age groups. In addition, 60 percent of the women who are alcohol dependent also have an anxiety disorder compared to 24 percent of men. Over 48 percent of alcohol dependent women have had major depression compared to 24 percent of men.

The stigma and cultural inhibition associated with substance abuse and mental health problems often prevent individuals from seeking treatment. African Americans are under-represented in some outpatient treatment populations, but over-represented in public inpatient psychiatric care and more likely than whites to use emergency rooms for mental health problems. The prevalence of depression is higher in Hispanic and Asian women than men; yet, those with depressive symptoms are under-represented in mental health services and over-represented in general medical services. Asian Americans and Pacific Islanders are less likely than whites, African Americans, and Hispanics to seek specialty treatment for mental health problems. This suggests that it is very important to do alcohol and mental health screening in primary care settings and with community stakeholders, such as clergy or community-based organizations. Adult women have been under served by traditional prevention, screening and treatment programs.

Mature Adults (60+) *– Stigma and Co-Occurring Disorders*

More than two million of the 34 million Americans aged 65 and older suffer from some form of depression and from more than one illness at a time. Many elderly are afraid to tell anyone of these problems because of fears of having to go to a nursing home and the stigma associated with mental illness and substance abuse. One particularly damaging relationship for mature women is the co-occurrence of depression and substance abuse, including alcohol and prescription drugs. Co-morbidity rates are higher for women than for men, and women who abuse substances are more likely to suffer from schizophrenia, anxiety and phobic disorders, and major depression.

Services for older adults are insufficient and fragmented, often divided among systems of health, mental health, and social services. Moreover, limited knowledge exists about patterns of use/abuse and effective interventions

among mature racial/ethnic minority women. It is clear that this population has significant needs for prevention, intervention, and treatment.

Program Plan

Goal Utilize community strengths to increase mental health, substance abuse and alcohol knowledge that can be used to reduce disparities in utilization, availability and access to prevention and treatment services/programs by racial and ethnic minority populations.

Program Parameters

1. Disparate Issue: Applicants must identify and justify a disparate mental health or substance abuse issue related to utilization, availability and access to prevention and treatment programs/services. The need must be well documented as a disparity and evidence provided that it presents a problem in the target population.

2. Objectives: Applicants ***may select ONE or more*** of the following objectives to design and implement their proposal to reduce the stated disparate issue. See Appendix C for examples of specific objectives related to each of the following:

   A. Provide education/outreach to increase awareness and knowledge about prevention and treatment strategies, services and/or programs, including the reduction of stigma issues associated with substance abuse and mental health problems and services.

   B. Conduct community-based development/adaptation and adoption of mental health or substance abuse prevention or treatment programs for racial/ethnic minority communities which will foster attitude, beliefs, perception and behavior changes to: (a) reduce risk behaviors and related consequences; (b) improve utilization and access to mental health and substance abuse services; and/or (c) increase healthy behaviors and protective factors.

   C. Evaluate current racial/ethnic minority community-based mental health and substance abuse prevention or treatment models being used to assess their evidence-base and to validate their effectiveness.

3. Outcomes: Applicants must conduct an evaluation and/or report on performance, as well as assess how the gap between knowledge and practice was bridged. Each collaborative must provide findings and the primary applicant must aggregate the results across the collaborative sites. The final outcome should clearly state what knowledge was developed and/or demonstrate the impact of the disseminated information to reduce disparities in the target population.

4. Collaboratives: Applicants must demonstrate collaboration with local community-based organizations which can provide access and cultural competent implementation of the proposed initiative. The applicant is required to partner with at least four (4) local organizations that serve the same targeted population. Collaboratives are defined as any group or organization that serves the same targeted population that the primary applicant is partnering with to complete the project. These collaboratives must demonstrate consumer, family and key stakeholder involvement.

Target Population and Priority Issue:

Target Population: (Single or multiple categories can be targeted)

Race/ Ethnicity: Alaska Native, African American, Asian American, Hispanic/Latino, American Indian, and/or Native Hawaiians & Pacific Islanders

Gender:	Male and/or Female			
Age:	0-5 yrs	12-17	21-25	35-60
	6-11	18-20	26-34	60+

Examples of Priority Issues:

Under 21 yrs: Social norms, coping skills, impulse management, violence reduction, negotiation skills, drug and alcohol use, binge drinking, self-esteem, leadership development, suicide, and promotion of health behaviors

Over 21 yrs: Stigma reduction; increased substance abuse, alcohol and mental health screening; reduction of substance and alcohol use; depression management; social norms; suicide; co-occurring disorders (prescription and alcohol, depression and disabilities, alcohol and depression, etc.) and community responses.

Design/Approach

The applicant must design a project which will address the selected objective, target population and substance abuse, alcohol or mental health disparate issue (refer to the stated target population and priority issues). The flexibility in the design parameters of this announcement will provide latitude to racial/ethnic minority serving organizations to identify and resolve a particular targeted disparate issue relevant to their communities.

Each applicant is expected to design a project which achieves all four parameters stated above and demonstrates additive value of each of the collaboratives. The applicant must:

1. Clearly identify and justify a disparity relevant to the population they are targeting

2. Select one or more of the stated objectives to increase utilization, availability or access to mental health and substance abuse prevention or treatment services. If more than one objective, population or issue is pursued, the applicant must defend their capacity to conduct multiple activities.

3. Address expected outcomes and describe a methodology/approach which is expected to produce the results.

4. Demonstrate the additive value of each of the collaboratives, including widespread access and timely, effective, and cultural competent implementation. Consumer and/or family involvement should be a priority.

Each proposal will be reviewed on its own merits and methodological design to achieve the goals and expected outcomes. Each applicant must present a documented problem or need for a particular target population, propose an

approach specifically designed to resolve or meet the unmet need, and provide for an evaluation to demonstrate the effectiveness and/or successful outcomes of the project. In reporting the results, the knowledge developed and/or the impact of the disseminated information must clearly be stated. Valid and accurate results must be reported which assess the impact on the disparate issue.

This approach places the burden of proof for competence and capability on the applicant as they must propose and substantiate a design which will produce successful outcomes that reduce disparities in their targeted communities. The design must substantiate the efforts and demonstrate the collaborative's capability to produce the results.

Expected Results

Although each applicant will design the project to be conducted, there must be an evaluation and/or outcome performance reporting, as well as an assessment of how the gap between knowledge and practice was bridged. As required in Section III, the applicant must describe the process of assessment that will be used to measure the results of the project and provide a plan for the dissemination of results.

There are different types of assessments that need to be addressed in the design and methodology. An evaluation and/or outcome analysis must be conducted depending on choice of activities. Any choice of activity which involves an intervention must include all appropriate sections of SAMHSA's GPRA Core Client Outcomes. This instrument can be obtained in Appendix A. Outputs must be reported for all activities, especially the number of people reached/involved. The evaluation should, at a minimum, include an assessment of the process and effectiveness of the activity, including a determination of cost efficiency.

If the choice is a program or model development/adaptation, there must be an outcome analysis supported by sound methodology and a representative sample size. The dependent and independent variables, effect size, power, and sample size must be defined. An appropriate analysis must be conducted to achieve the expected results or to test the hypothesis. These results will provide case study information on the effectiveness of the national-community collaboration in reducing mental health and substance abuse issue disparities.

Roles in a Cooperative Agreement. Regardless of the proposed design, all funded projects will involve cooperation from the Award Sites and SAMHSA Staff.

Role of Award Sites

Each Award site will have the responsibility of implementing the approved design in their targeted community. The awardee will be responsible for the development and management of subcontracts with the multiple local award sites, researchers, evaluators, and/or providers. The award site will manage the project and collect the data/information at the collaborative sites. Each award site will report on the process and outcomes of the collaboratives for the final project results. Each award site will also be responsible for providing and documenting the activity development and implementation process, including outreach to membership, staff competency, participant recruitment, enrollment and follow-up, implementation, data collection, preliminary and final data analysis and interpretation, quality control, and a plan to disseminate the model program to the larger community, as well as final reports and publications. In addition, each award site will submit program and Government Performance Results Act data, if applicable (on a schedule to be agreed upon). All award sites will attend

training and technical assistance conferences and meetings scheduled by SAMHSA staff and submit biannual reports to SAMHSA for the duration of the project. These reports will include a description of work accomplished to date, a listing of any problems encountered and solutions, reporting or data collection progress and data analysis for both process and outcome measures.

Role of SAMHSA Staff

Substantial SAMHSA staff participation in this program will be required to ensure that the grantees meet the program goals. Federal staff will be active participants in all aspects of the cooperative agreement program and will serve as collaborators with the Sites' project directors. SAMHSA staff will have overall responsibility for monitoring the conduct and progress of the communities disparities projects and will make recommendations regarding their continuance. Staff will provide substantial input, in collaboration with the grantees, both in the planning and conduct of the projects. Likewise, they will collaborate in the publication of the results in order to make findings available to the field. SAMHSA staff will receive authorship/co-authorship credit on all publications to which they have contributed substantially.

Section III -PROJECT REQUIREMENTS

Reviewers will respond to each review criterion in Section IV on the basis of the information provided in Section III by the applicant. Therefore, it is important for applicants to follow the outline carefully and to provide all requested information. The design of this GFA allows the applicant innovation in the approach to reduce the targeted disparities. Applicants should submit proposals that target a particular priority for a racial/ethnic minority group (refer to the stated priority population and issues) with disparate substance abuse, alcohol or mental health issue or concern (refer to the stated purpose/objectives). Cultural competence must be demonstrated throughout every component of the proposal.

Please provide a **Project Summary** which describes your currently proposed project. This summary should not exceed 5 lines, 72 characters per line for later use in publications, reporting to Congress, press releases, etc., should the application be funded. Please include the target population, priority issue and objective.

A. Project Description and Goals

Applicants should address each of the following issues to describe the purpose of the project, delineate need in context to the priority population and issues, and what is to be accomplished:

C Identify Disparate Issue: Describe the context of the problem/disparity to be addressed, the underlying issue(s), and the target population(s). Show the extent to which the problem and population(s) are understood within the appropriate gender, developmental age, literacy, sexual orientation, disability and cultural context. Be sure to provide appropriate documentation and data to describe the problem and the need to resolve it.

- Selected Objective: Identify which of the three objectives was selected. Clearly describe why this objective was selected to reduce the disparate issue. Explain why or how this approach will reduce the disparity, and show the potential impact if it is not resolved.

- Specify Goals: The goals will provide the framework for the expected outcomes. Clearly state the project goals and research or evaluation questions to be answered. If applicable, explain the research hypothesis. Clearly state the linkage of the goals to the expected outcome(s). Be sure to precisely describe the expected knowledge that

will be developed and/or the expected impact of the information disseminated to reduce disparities. Provide a literature review to illustrate the problem context, clarify the relevance of the goals and questions, and introduce potential resolves. Complete the Projected Population Profile Table in Appendix A.

- Describe Collaboratives: Clearly describe the number and characteristics of the collaboratives that have agreed to partner to achieve the goals and objectives of this proposal. Explain why each was selected and how each are expected to contribute to the success of the proposal. (There is a requirement for at least 4 collaboratives) Describe the population(s) each serves, the impact of the disparate issue identified in that particular community, and the expected numbers to be reached through the collaborative's efforts.

B. Project Plan

Design/Approach

Applicants should address each of the following issues to demonstrate the design and the feasibility of achieving the selected objective for the targeted population and issue:

- Describe in detail the design/approach chosen for the project to achieve the stated objective for the priority population and issue. Briefly show the relationship among the objective, design/approach, data collection, analysis and anticipated outcomes.

- Clearly state how the proposed design will meet the needs and reduce the disparate issue of the priority population and issue in its environmental conditions (geographical, socioeconomic, etc.) and cultural context, include descriptions of planned innovations and adaptations to existing strategies.

- Describe any challenges to the proposed design which would present difficulties in reducing the targeted disparity. Explain how these challenges will be monitored and addressed. If applicable, include a discussion of how any predicted threats to validity and reliability will be addressed.

- Provide strategies for involving the target population, key stakeholders and/or consumers in the initial design, and throughout the implementation of the project. This GFA requires all applicants to involve direct service recipients (or in the case of young children, their parents or guardians) in the planning and implementation of projects proposed for funding.

Methodology and/or Evaluation

Applicants should address each of the following issues to describe the methodology and/or evaluation which will be conducted to achieve the expected outcomes:

- Describe the expected outcomes. Clearly state what disparity is expected to be reduced by what margin, percentage change and or effect size.

- Describe the proposed methodology that will be employed to carry out the design which will reduce the disparity, showing its cultural, gender and age appropriateness for the target populations. Clearly state in detail how the disparate issue will be assessed and success of achieving the expected results determined. Please address each of the following if applicable to the description of the proposed results:

  If applicable, address culturally appropriate collection of information, target population recruitment, and retention strategies.

  If applicable, describe the proposed evaluation in sufficient detail (e.g., qualitative and quantitative methodologies).

  If applicable, describe the proposed research methods in sufficient detail (e.g., sampling, statistical methods, power analysis, the targeted sample size, the research design, comparison group, logic models, etc.) to ensure complete description.

  If applicable, describe how the GPRA Core Client Outcomes (Appendix B) and additional project specific outcomes will be included.

- Describe the measurement or evaluation instrument(s) to be used, and explain the reason for selection. Demonstrate that selected instruments, including those used for evaluation, assessments, or intake/exit are culturally competent, gender, age and literacy appropriate for the target population. If such evidence is not available, please describe in detail how validation and fidelity will be managed and how the information will be used to provide evidence.

- Describe the evaluation of the project. At a minimum, include mechanisms to appraise the performance of the project (including management), to identify barriers, to determine the effectiveness of the activity, and to assess cost efficiency relevant to the target population. Describe strategies for documenting the project, including documentation for purposes of future replication.

- Describe the expected outputs.

Analyses

Applicants should address each of the following issues to describe what information will be collected and how it will be analyzed and reported:

C Specify what information will be collected and reported, identifying the key variables for which information is to be collected. Examples of possible variables are risk factors, cost of illness, life functioning, factors for decision making or adoption by providers and consumers, different patterns of service use, effective knowledge dissemination, indicators that predict the decision to adopt, etc. Explain how the information will be collected at each collaborative and aggregated for the final results.

- If applicable, explain how ethical standards will be maintained with specificity as to how participant/consumer rights will be protected.

C If applicable, describe the expected effectiveness of any adaptations made to the original design or service, how adherence/fidelity to adapted design or service and implementation plan will be achieved, and how results will be assessed as valid for the target population (i.e., construct validity).

- Describe in detail, based upon the methodology and evaluation plan described previously, how the information will be analyzed and interpreted to provide reliable and valid findings relevant to the target population. Be sure to describe how the goal of reducing disparities will be assessed, and how the new knowledge developed was validated and/or the impact of the disseminated information will be determined.

- Describe how the target population or key stakeholders and consumers will be involved in the interpretation of the data.

Reporting and Follow-up

Applicants should address each of the following issues:

- Describe how the findings will be reported, disseminated and impact assessed. Be sure to include multi-level reporting, such as professional, community, etc.

- Explain how these findings can be used to create system change and/or to sustain long term reductions in the targeted disparate issue.

C. Project Management

Applicants should address each of the following issues to demonstrate the extent of their organizational capacity.

C IMPLEMENTATION PLAN: Describe the expected project management/implementation plan. Include a three year plan to ensure the cultural, gender, age and literacy appropriate implementation of this project. In Appendix 1, present this information in a table and with a time line that displays each specific activity, the target date for completion, and the responsible person.

- ORGANIZATIONAL CAPACITY: Describe current capability and historical experience with similar projects, targeted population and priorities. Include all information to demonstrate the feasibility of successfully completing this project. In Appendix 2, provide a history of program implementation similar to this project.

- COLLABORATIVES: Describe collaborative capacity and efforts with the membership affiliates or cooperative sites which will be involved across the U.S. and territories. Describe their capacity to implement the proposed project and the expected number of people impacted. In Appendix 3 include from each collaborative:
    1. A letter of commitment signed by the president/CEO/ED to actively participate and they understand their expected role
    2. Documentation of historical experience in similar projects
    3. Organizational Chart and demonstrate that managers and staff had formal training or at least 5 years of experience working with the target population.
    4. Projected Population Profile for the collaborative site (See Appendix A of this Announcement)

- STAFF AND STAFFING PLANS: Describe the proposed staffing plan, and describe how the proposed

staffing pattern and the qualifications and experience of the staff are appropriate and adequate for implementation of the project, include the staff at the affiliate/cooperative sites. Demonstrate that the majority of the principal site and all affiliate sites' staff, managers, and boards represent or are culturally competent with the population they serve. Describe the plan to subcontract with researchers, evaluators, and implementation cites. In Appendix 4 for the primary applicant site include an organizational chart and demonstrate that managers and staff had formal training or at least 5 years of experience working with the target population.

- BUDGET AND OTHER SUPPORT: Illustrate how the proposed activities and implementation plan are feasible given the stated budget. If applicable, describe additional resources that will be utilized to implement this project. Propose a plan to secure resources in order to phase out or extend this project beyond the federally funded program years. No more than 20% of the funds being used for administrative costs at the primary and at least four collaborative sites. In Appendix 5, include budgets of the affiliate/cooperative sites.

Section IV - REVIEW of APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit and other stated criteria in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review Sections V and VI, " Special Considerations /Requirements" and "Application Procedures", using the guidance provided in Part II, before completing the application.

Applications will be reviewed and evaluated according to the stated review criteria. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The bulleted factors that follow each review criterion do not have assigned weights or specified point values. The points for each criterion will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion and the factors within each criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. Project Description and Goals {30 Points}

- Adequacy of information provided to support selection of the disparity to be reduced, the underlying issue(s), and the target population(s). Extent to which the application successfully demonstrates that the problem and

population(s) are or are not understood, and provides appropriate documentation and data to describe the problem and the need to resolve it in relation to the appropriate gender, developmental age, literacy and cultural context.

- Appropriateness of the selected objective to reduce the disparate issue and the adequacy of the plan to reduce the disparity and the description of the potential impact if not resolved.

- Adequacy of project goals and research or evaluation questions to be answered. (If applicable the appropriateness of the research hypothesis.) Adequacy of the linkage between the goals and outcomes. Adequacy of the expected knowledge development and/or impact of the disseminated information to reduce the disparate issue identified. Adequacy of literature review provided by applicant to illustrate the problem context, clarify the relevance of the questions or goals, support the design chosen, and justify any research methods selected. Inclusion of the Projected Target Population Table and extent to which the target population will be reached.

- Adequacy of the collaboratives, as described, of the description and current capacity to achieve the goals and objectives of this proposal, as well as contribute to the success of the plan. Appropriateness of site selection to serve the target population and reduce the disparate issue.

B. <u>Project Plan</u> {40 Points}

Design/Approach

- Adequacy of the design chosen for the project to achieve the stated objective for the priority population and issue. Clarity of the relationship among the chosen objective, design/approach, data collection, analysis and anticipated outcomes.

C Clarity of the relationship of the proposed design to meet the needs and reduce the disparate issue of the priority population and issue in its environmental conditions (geographical, socioeconomic, etc.), cultural context, and characteristic profiles of the target population, including planned innovations and adaptations to existing strategies.

- Extent to which challenges were recognized, described and addressed. If applicable, the adequacy of how predicted threats to validity and reliability were addressed.

C Adequacy of proposed strategies for involving the target population, key stakeholders, and/or consumers in the initial design, and throughout project implementation.

Methodology and/or Evaluation

- Appropriateness of the expected outcomes and feasibility of the proposed reductions.

- Adequacy of proposed methodology to carry out the design and assess the achievement of the objective and the expected results, including the appropriateness for the target population’s age, gender and culture.

If applicable:

- Appropriateness of the recruitment, retention and information collection strategies for the target population's age, gender and culture
- Appropriateness of the proposed evaluation relevant to the target population
- Appropriateness of the proposed research methodology relevant to the target population
- Adequacy of the inclusion of GPRA Core Client Outcomes and other project specific outcomes.

- Adequacy of selected measurement or evaluation instrument(s) and age, gender and culture appropriateness for evidenced use with the targeted priority population and issue. If not currently evidenced, adequacy of the plan to validate instruments/measures with the target population.

- Adequacy of proposed evaluations and documentation for purposes of future replication. Adequacy of the evaluation plan to monitor the performance of the project.

- Adequacy and appropriateness of expected outputs.

Analyses

- Adequacy of proposed information to be collected and reported to assess effectiveness of the design and methodology of the project, including the collection of data at each site and the plan to aggregate and report.

- If applicable, adequacy of provisions to maintain ethical research standards and protect participant rights.

- Adequacy of applicant's assessment of the expected effectiveness of any adaptations made to the original design or service, expected adherence/fidelity to adapted design or service and implementation plan, and expected assessment of results as valid for the target population (i.e., construct validity.)

- Adequacy of plans to manage and analyze data.

- Adequacy of involving the target population, key stakeholders and/or in the interpretation of the data.

Reporting and Follow-up

- Adequacy of plan to report, disseminate and assess the impact of findings, including a multi-faceted approach such as professional, community, etc.

- Adequacy of any plans to utilize findings to create system change and to sustain services in the long term.

C. <u>Project Management</u> {30 Points}

Implementation Plan

- Extent to which the proposed plan and time line implement the design within the necessary time frame and are feasible, achievable, realistic, and culturally appropriate.

- Adequacy of the three year plan to ensure the cultural, gender, age and literacy appropriate implementation of this project.

Organizational Capacity

- Capacity and experience of the applicant organization with similar projects, populations, and priorities.

- Feasibility of completing the project

Collaboratives

- Extent to which the principal organization has collaborative partnerships which are likely to implement the proposed project and to achieve the objectives of the target population. Adequacy of the commitment, including the required documentation of collaborative support, historical program experience, organizational capacity, staff/managers capacity, and population profile to implement the proposed project.

Staff and Staffing Plans

- Adequacy of the proposed staffing pattern for implementation of the project, including the plan for subcontracts to researchers, evaluators, and collaboratives.

- Adequacy of qualifications and experience of the project director and other key personnel, including proposed consultants and subcontractors at the affiliate sites, including formal training or at least 5 years of paid or volunteer experience in working with the target population.

- Extent to which the staff's qualifications demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, disabilities, and other cultural factors related to the target population.

Budget and Other Support

- Feasibility of proposed activities in the context of the proposed budget. Adequacy of complying with the 20% administrative cost limitations.

- Adequacy of any additional resources not included in the proposed budget that will be utilized to implement this project.

- Appropriateness of plan to secure resources in order to phase out or extend this project beyond the federally funded program years, if applicable.

Section V. SPECIAL CONSIDERATIONS/REQUIREMENTS

The following policies and special considerations/requirements relate to this program and must be addressed in the application. See PART II, "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999 edition), for specific guidance and requirements:

- Population Inclusion Requirement
- Government Performance Monitoring
- The Healthy People 2010 priority area(s) related to this program are:
  - 18-2 Adolescent suicide attempts
  - 18-6 Primary care screening and assessment
  - 26-7 Alcohol and drug-related violence
  - 26-9 Substance-free youth
  - 26-10 Binge drinking
  - 26-13 Low-risk drinking among adults
  - 26-16 Peer disapproval of substance abuse
  - 26-17 Perception of risk associated with substance abuse
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Single State Agency Coordination
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection - The Center Directors have determined that projects funded under this program must meet SAMHSA Participant Protection.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

SP 00-007 Community Disparities

For specific information on obtaining application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817

Complete application kits for this program may be obtained from the Knowledge Exchange Network (KEN), phone number: 800-789-2647 or National Clearinghouse for Alcohol and Drug Information (NCADI) phone number: 800-729-6686. The address for KEN and NCADI is provided in Part II.

Application Receipt and Review Schedule

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
August 29, 2000	September 2000	September 2000	September 2000

Applications must be received by the receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

Consequences of Late Submission

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

Application Requirements/Component Check List

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I: Programmatic Guidance and Part II: General Policies and Procedure Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative

Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for review of the technical merit of the application, the Program Narrative section of the application must address, but is not limited to, issues raised in the sections of this document entitled:

1. SAMHSA Program Description
2. Project Requirements
3. Review of Applications

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

___FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

__OPTIONAL INFORMATION ON APPLICATION WRITER (It is requested that on a separate sheet of paper the name, title and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

___ABSTRACT (not to exceed 35 lines)

___TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

___BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

___PROGRAM NARRATIVE (The information requested for sections A-C of the Program Narrative is discussed in the subsections with the same titles Section III Project Requirements and Section IV - Review of Applications. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

- ___A. Project Description and Goals
- ___B. Project Plan: Design/Approach, Methodology/Evaluation, Data Collection and Analyses, and Reporting/Follow-up
- ___C. Project Management: Implementation Plan, Organization, Collaboratives, Staff, and Budget

There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.

- ___D. Literature Citations (This section must contain complete citations, including titles and all authors, for

literature cited in the application.)

___E. Budget Justification/Existing Resources/Other Support

___Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

___A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs.

___All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

___F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

___G. Confidentiality/SAMHSA Participant Protection--The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects

can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

(a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

(b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

(c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

(d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic minority composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially

coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 6, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No.7, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

___APPENDICES (Only the appendices specified below may be included in the application. These appendices must not be used to extend or replace any of the required sections of the Program Narrative. The total number of pages in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

___Appendix 1: Implementation Plan Table
___Appendix 2: Historical Documentation of Similar Program Implementation
___Appendix 3: Collaborative Sites: Letters of Commitment, Organizational Chart, Personnel Cultural Competence evidence, Historical experience, Projected Population Profile
___Appendix 4: Staff and Staffing Plans - Organizational charts and Personnel Cultural Competence Evidence
___Appendix 5: Budgets for Principal and Affiliate Sites
___Appendix 6: Data Collection Instruments/Interview Protocols (if applicable)
___Appendix 7: Sample Consent Forms (if applicable)
___Appendix 8: SSA coordination

___ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

___CERTIFICATIONS

___DISCLOSURE OF LOBBYING ACTIVITIES

___CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names.

Award Decision Criteria

Applications will be considered for funding on the basis of their overall technical merit as determined through the Initial Review Group and the CMHS, CSAP, and CSAT National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Overall program balance in terms of geography (including rural/urban areas) racial/ethnic minority group representation, and priority issues.

Post Award Requirements

In accepting the award, the grantee agrees to provide SAMHSA with GPRA Client Outcome (if applicable), evaluation data, progress reports, and final reports. Compliance with the no more than 20% administrative costs will be monitored throughout the award period.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Laura J. Flinchbaugh, M.P.H.
Divsion of Knowledge Development and Evaluation
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rm 1075 - Rockwall II
5600 Fishers Lane

Rockville, MD 20857
(301) 443-4564

Questions regarding grants management issues may be directed to:

Edna Frazier
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II Rm 630
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6816